

Admission by affiliation | Professional liability insurance declaration

First name

Last name

For subscription purposes and to determine their insurance premium amounts, all members of the Order must answer, in this declaration, certain questions about their professional activities and the **value of the professional services they provide to third parties**.

In accordance with the *Règlement sur l'assurance de la responsabilité professionnelle des comptables professionnels agréés*, all members of the Quebec CPA Order are required to enrol in the Fonds d'assurance de la responsabilité professionnelle des CPA du Québec.

The insurance fund offers just one product, so all insured members have identical coverage. It covers errors and omissions committed by insured CPAs while performing the professional services included in the practice of the CPA profession which they are authorized to provide as members of the Quebec CPA Order, i.e. for which they are not required to be CPA members in another province, country or professional order, for claims filed anywhere in Canada.

IMPORTANT

If you have a permit from the Quebec CPA Order AND a CPA permit in another Canadian province, offer professional services outside Canada or have a professional designation other than the Quebec CPA designation, we invite you to contact your insurer or insurance agent or broker, e.g. ACPAI Insurance, to find out what coverage options are available to you for your professional activities outside Quebec, if applicable. The questions in this declaration do not in any way infer the issue of any form of insurance coverage. For more information about the Fonds d'assurance de la responsabilité professionnelle des CPA du Québec, insurance premiums and the coverage offered, go to cpaquebec.ca/fonds-assurance (French only).

I understand that it is my responsibility to comply with the *Règlement sur l'assurance de la responsabilité professionnelle des comptables professionnels agréés*, and that my answers to the questions in this declaration will have a direct impact on my subscription to the insurance fund and, if applicable, my insurance premium amount. Consequently, I agree to provide accurate information about my professional situation.

Part 3 Declaration

I hereby declare that the information provided in this declaration is true and I have duly completed and signed it. I understand that any false or incomplete statement could have serious consequences.

Signature (compulsory)

Date

⚠ Please return this duly completed and signed form to tableauCPA@cpaquebec.ca.

Information: 514 288-3256 [2611] 1 800 363-4688 sep@cpaquebec.ca